

APPLICATION DATA SHEET

Application Information

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|----------------------------------|-----------------------------|
| Application Number:: | 10/588,300 |
| Filing Date:: | 08/02/06 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | No |
| Number of Copies of CRF:: | |
| Title:: | THERMAL OVERLOAD PROTECTION |
| Attorney Docket Number:: | 1034456-000048 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Janne

Middle Name::

Family Name:: KUIVALAINEN

Name Suffix::

City of Residence:: Vaasa

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: ~~Pitkäkatu 38 C 41~~ Vaasanpuistikko 15 B 36

City of Mailing Address:: Vaasa

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-65100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Peter
Middle Name::
Family Name:: ÖSTERBACK
Name Suffix::
City of Residence:: Vaasa
State or Province of Residence::
Country of Residence:: Finland
Street of Mailing Address:: Karperövägen 881
City of Mailing Address:: Vaasa
State or Province of Mailing Address::
Country of Mailing Address:: Finland
Postal or Zip Code of Mailing Address:: FI-65650

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| This Application | National Stage of | PCT/FI2005/000067 | 02/01/05 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Finland | 20040155 | 02/02/04 | Yes |

Assignee Information

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|---|------------------|
| Assignee Name:: | ABB OY |
| Street of Mailing Address:: | Strömbergintie 1 |
| City of Mailing Address:: | Helsinki |
| State or Province of Mailing Address:: | |
| Country of Mailing Address:: | Finland |
| Postal or Zip Code of Mailing Address:: | FI-00380 |